Exhibit Q
Walker Baptist Medical Center Records dated 11/7/02

71

WALKER BAPTIST MEDICAL CENTER

EMERGENCY PHYSICIAN RECORD
Alcohol / Drug Evaluation

BARRON TOMMY
SOUTHERN MEDICAL GRO 11/07/02
MR: 0246796 M W 045 [redacted]57
PT: 9538163-8 KNC ED 12 L

TIME SEEN 1345 ROOM: 0135 __ EMS Arrival
HISTORIAN (patient) __spouse __paramedics
AGE 45 (M) / F
__HX / __EXAM LIMITED BY:

HPI chief complaint(s) Agitated Hallucinating (Tremor)

started Today

desires to detox alcohol / drug dependence

referred by: Dr Crump
severity mild (moderate) severe

context
__situational problems
related to: spouse / parent / son / daughter / significant other
homeless / work / lost job / school / legal problems
(chronic alcohol) drug dependence
age abuse began: Teens duration:

LIST OF SUBSTANCES INGESTED (*if applicable*)

name	type	route / amount	frequency / duration	date of last use / amt	age of first use
ETOH					
Opioid					
Benzo					

current/associated complaints
__sweating
(shakes) / chills
__rapid pulse
__nausea
__vomiting
__diarrhea
__restlessness / irritability
__depression
__suicidal/ homicidal thoughts
__confused / hallucinating
__pregnant

(Recently seen/treated by doctor) 2Y ago
Date of last Detox ____ Where ____ x's at CMC ____
Date of last Hospitalization ____ Where ____
Diagnosis ____
__Currently enrolled in a Methadone Program?
Dosage ____ Program ____

ROS
PULMONARY & CVS
(cough)
(trouble breathing)
(chest pain)
GI
(abdominal pain)
__constipation
last BM:
__black / bloody stools
NEURO & EYES
__seizure
__headache
__visual disturbance
__watery eyes
URINARY
__bloody / dark urine
__frequent/painful urination
SKIN & LYMPH & MS
__skin rash / swelling
__joint pain
☑ all systems neg. except as marked

PAST HISTORY __negative
__psychiatric problems
depression bipolar disorder schizophrenia suicide attempts
(alcohol) drug dependence
failed outpt detox, delirium tremens med's / trtmnt noncompliance
__blackouts
__seizures
__cardiac disease
angina MI/ CHF
__stroke
(hypertension)
__diabetes *insulin / oral / diet*
__lung disease
__+HIV / AIDS
__GI bleeding
(Pancreatitis)
__Hepatorenal syndrome
__Hepatitis
__Encephalopathy
__other problems

Surgeries:
__tonsillectomy
__cholecystectomy
__other
__appendectomy
__hysterectomy

Medications __none (see nurses note)
__oral birth control

Allergies __ NKDA
__see nurses note
PCN

SOCIAL HX (smoker) 1 ppd
marital status: __single __married children:

☑ Nursing Assessment Reviewed. ☐ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM _Alert __Lethargic __Obtunded __Tremors

Distress __NAD __mild __moderate __severe __Seizing / Apneic

HEENT
- ✓ no apprnt trauma
- __ENT inspectn nml
- __pharynx nml
- ✓ airway intact

__scleral icterus / pale conjunctivae
__deprsd gag reflex /poor handling of secretns
__pharyngeal erythema / exudate
__TM erythema/dullness/blood
__tenderness/swelling/echymosis

NEURO/PSYCH
higher functions
- __alert
- ✓ oriented x3
- ✓ mood/affect nml

__abnormal response to commands
no response eyes open slow inappropriate
__abnormal response to pain
withdraws flexor extensor none
__aphasic *expressive / receptive*
__disoriented to *time / place / person*

cranial nerves-
- ✓ normal as tested
- __pupils equal, ✓ round, and reactive
- __EOM's intact

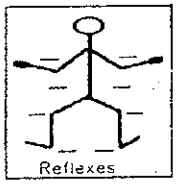
__facial palsy (R / L)
forehead: involved spared
__tongue deviation (to R / L)
__EOM palsy
__unequal pupils
R pupil ____mm L pupil ____mm
__abnormal fundiscopic / papilledema

cerebellar-
- __normal as tested

__abnormal Romberg / gait / finger-nose test

peripheral exam-
- __no motor deficit
- __no sensory deficit
- __reflexes nml

__weakness / hemiparesis / hemiplegia / dyspraxia
__tremor
(R) ulnar palsy, pain noted
__pronator drift (RUE / LUE)
__altered light-touch / pin-prick / 2-pt discrimin.


Reflexes

__Babinski reflex (R / L)
__asterixis

NECK
- ✓ supple
- __non-tender

__cerv. lymphadenopathy
__stiff neck / meningismus
__carotid bruit

RESPIRATORY
- ✓ no resp. distress
- ✓ breath sounds nml

__resp. distress
__wheezing
__rales / rhonchi

CVS
- __reg. rate, rhythm
- __heart sounds nml

__tachycardia / bradycardia / irreg. irreg. rhythm
__JVD present
__murmur *grade* ___ /6 *sys / dias*
__gallop (S3 / S4)
__decreased pulse(s)

ABDOMEN
- __non-tender
- __no organomegaly

__guarding
__hepatomegaly / splenomegaly / mass

SKIN
- ✓ color nml, no rash
- ✓ warm, dry

__cyanosis / diaphoresis / pallor
__skin rash

EXTREMITIES
- ✓ non tender
- __normal ROM
- ✓ no pedal edema

__pedal edema
__tenderness

LABS, XRAYS, and PROGRESS:

EKG MONITOR STRIP __NSR __Rate

EKG __*NML* ☐ Interp. by me. ☐ Reviewed by me Rate

__*NSR* __*nml intervals* __*nml axis* __*nml QRS* __*nml ST/T*

not / *changed from:*

CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist.

__*nml/NAD* __*no infiltrates* __*nml heart size* __*nml mediastinm*

not / *changed from:*

CBC *normal except*	**Chemistries** *normal except*	**ABG's** time:	**Toxicology** *normal except*
WBC	Na 135		acetamin.
Hgb	K		aspirin-
Hct 46.4	Cl	pH	ETOH-
Platelets	CO2	pCO2	Triage™ urine drug screen-
segs	BUN 4	pO2	serum / urine preg
bands	Creat	__RA	
lymphs	Gluc	__O2 ____L	pos/neg
monos	Anion Gap		

Pulse Ox ____% on *RA* / ____L / ____% at *(time)*

Head CT __nml

Treatment IV Fluids Librium Methadone Thiamin Folic Acid

*Time*____ __unchanged __improved __re-examined

CIWA Opiate

GOT 40
Lipase 18 Amylase 62

Etoh ∅

__Rx given

✓ __Discussed with Dr. Benzley

will see patient in: office / ED / hospital

✓ __Counseled patient / family regarding:
lab results diagnosis need for follow-up

__Admit orders written

__CRIT CARE- *30-74 min* *75-104 min* ____ *min*

__Prior records ordered

__Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION:

Suffering from severe w/drawal
Intoxicated
Organic Medical Syndrome
Mood disorder
Violent /threatening to self / others
Nature of substance abuse requires supervised withdrawal
imminent danger of:
- Severe withdrawal
- Suffering related acute disorder

Poor nutrition compromises bodily function

Significant med sx related to substance use requires inpatient treatment
Unable to care for self
Unreliable family/ community support
Shows progressive dysfuction/ inability to utilize outpt treatment
Could not be treated in an outpt / day treatment program w/o worsening:
- Psychosocial dysfunctn
- Occupational dysfunction
- Medical dysfunction

✓ Voluntarily accepts detox

Discharge Instructions

DISPOSITION- ☐ home ☑ admitted to detox unit ☐ transferred

CONDITION- ☐ unchanged ☐ improved ☐ stable

NP / PA

MD / DO

I have personally performed and participated in all the above services (including HPI and PE) and procedures. I have reviewed with the PA/NP the history and have confirmed the findings with the patient.

☑ Template complete ☐ Progress Notes

WALKER
BAPTIST MEDICAL CENTER

EMERGENCY DEPARTMENT RECORD

PATIENT NO.	DATE	TIME	CLINIC 1	VERIFIED BY	ROOM NO.	TYPE	F/C	SPECIALTY	CLERK
9538163-8	11/07/02	13:12	ERRM		ED 12	E	L		KNC

AGE	BIRTHDATE	SEX	RACE	M/S	MOTHER'S MAIDEN NAME	SOCIAL SECURITY NO.	PHONE	COUNTY	MED REC NO.
045	[redacted]	M	W	M	HAGOOD	[redacted]	[redacted]	WALKER	0246796

PATIENT NAME & ADDRESS
BARRON TOMMY
1 [redacted]

LAST VISIT DATE & TYPE: 09/16/02 ERRM1
ACCIDENT DATE/CAUSE: 11/07/02 PT STATES "
W/C CONTACT:
AUTH. NO.:
ARRIVED VIA: CAR/PRIVATE
RECEIPT NO. & AMT:

GUARANTOR NAME & ADDRESS
BARRON ,TOMMY
[redacted]
SOC. SEC. NO. [redacted]
PHONE [redacted]

EMPLOYMENT INFORMATION - ONE
REL: 01PATIENT
SOCIAL SECURITY #: 420-84-2332
PHONE:
STAT:

EMPLOYMENT INFORMATION - TWO
REL: 02SPOUSE
SOCIAL SECURITY #: [redacted]
PHONE:
STAT: 7

IN CASE OF EMERGENCY CONTACT (NAME & ADDRESS)
[redacted]
RELATIONSHIP:
PHONE:

PHYSICIANS' NUMBERS AND NAMES
1 999995 SOUTHERN MEDICAL GRO
2
3 058123 CAMP DR NATH THOMPSO
PCP PHYSICIAN

1 INSURANCE CODE & NAME: 1M60MEDICARE OUTPT
POLICY NO.: [redacted]
GROUP NO.:
PRECERTIFICATION NO.:
SUBSCRIBER NAME & BIRTHDATE: BARRON ,TOMMY

2 INSURANCE CODE & NAME: 2K28MEDICAID 2NDA
POLICY NO.: 0004208423327
GROUP NO.:
PRECERTIFICATION NO.:
SUBSCRIBER NAME & BIRTHDATE: BARRON ,TOMMY

3 INSURANCE CODE & NAME:
POLICY NO:
GROUP NO:
PRECERTIFICATION NO:
SUBSCRIBER NAME & BIRTHDATE:

4 INSURANCE CODE & NAME:
POLICY NO.:
GROUP NO.:
PRECERTIFICATION NO:
SUBSCRIBER NAME & BIRTHDATE:

CHIEF COMPLAINT: CONSULT
CODES:
COMMENTS:

RESULTS
Monitor
EKG
Radiology
Laboratory
Other

Time Examining MD Notified: _____ Time Patient Examined: _____
Condition on Arrival: ☐ Satisf. ☐ Fair ☐ Poor ☐ Critical
Chief Complaint:
HPI

Provisional Diagnosis:

Disposition Time: ☐ Discharged ☐ Admitted ☐ Transferred ☐ AMA

Condition On Discharge: ☐ Satisf. ☐ Fair ☐ Improved ☐ Poor ☐ Critical

Certified Emergency: ☐ **Yes** ☐ **No**

CONSULT	TIME NOTIFIED	RESPONDED	ARRIVED

_____ M.D.
Examining M.D. Signature

BARRON TOMMY 11/07/02
SOUTHERN MEDICAL GRO [redacted]
MR: 0246796 M W 045 ED 12 L
PT: 9538163-8 KNC

PATIENT STATUS

A. PATIENT ADMITTED***DO NOT DISCHARGE***

14/6

1 DIED

2 LAMA(LEFT AGAINST MEDICAL ADVICE)

3 TRANSFERRED

4 DISCHARGED

5 LEFT BEFORE SEEN

6 BMC NOT INSURANCE PROVIDER ~~RAU~~ BMU 14/6

Dr. Bentley

BMU Detox

PHYSICIAN Endfinger

DISCHARGE TIME

CERTIFIED EMERGENCY (YES) OR NO

(MEDICAID ONLY)

GR

CO-PAY OR EMERGENCY DEPARTMENT FEE DUE AT END OF VISIT

WALKER
BAPTIST MEDICAL CENTER

Emergency Department
ORDER FORM

0B5

BARRON **TOMMY**
SOUTHERN MEDICAL GRO 11/07/02
MR:**0246796** M W 045 [redacted]
PT: **9538163-8** KNC ED 12 L

MEDICATION / TREATMENT / RESPONSE

TIME	MEDICATION / TREATMENT	DOSE	ROUTE	SITE	INITIAL	TIME	PATIENT RESPONSE	INITIAL

MD ORDERS

TIME	MD ORDERS
	Report called to Bmc. Dollog quietly c wife. 8BC

INTERVENTIONS/ORDERS

EXP/Lot. No. ☐ B/P Monitoring ☐ IV ☐ Hep Lock
TD 0.5 ML IM ☐ Oxygen ☐ Pulse OX ☐ Telemetry

LABORATORY 1440 Chg Bed to lab

ORDERED / COMPLETED — TEST

1420

- ② ☐ CBC: WBC___ HGB___ PLT. CT.___ HCT___ SEG___ B___
- ☐ Cardiac Enzymes: CK___ MB___ CKMB%___
- ☐ Troponin___ ☐ CPK___
- ☐ PT___ PTT___ INR___
- ☐ BMP Na___ K___ Cl___ CO2___ BUN___ Creat___ AG___ Glucose___ Ca___ Osmo___
- ③ ☑ CMP BMP (Above) + Hepatic Function Panel (Below)
- ☐ Hepatic Function Panel Albumin___ Total Protein___ Bilirubin___ Bili Direct___ Alk. Phos.___ SGOT___ SGGT
- ① ☑ Amylase: ④ ☑ Lipase:
- ☐ Theophylline: ☐ Dilantin:
- ☐ Digoxin: ☐ Phenobarb.
- ☐ UA: SPGR___ WBC___ RBC___ Gluc___ Ket___ Bact___ Nitrate___
- ☐ Urine Culture: ☐ Cath ☐ CCU ☐ Urine Pregnancy
- ⑤ ☑ Urine Drug Screen ⑥ ☑ ETOH
- ☐ Serum Pregnancy ☐ Neg ☐ Pos ☐ Quant
- ☐ Rapid Strep ☐ Throat Culture ☐ Mono Spot
- ☐ Blood Culture x___
- ☐
- ☐

RADIOLOGY
Time To___ Time From___

RESPIRATORY

- ☐ ABG PH___ CO2___ PO2___ SAT___
- ☐ Breathing Treatment: Medication___
- ☐ EKG ☐ NSR Rate___ ☐ ABNL
- ☐

NURSE DISCHARGE CHECKLIST: ☐ Tetanus Given ☐ IV Site Checked ☐ Valuables Checklist ☐ Antibiotic Given

VITAL SIGNS

TIME	TEMP	PULSE	RESP	B/P	PULSE OXIMETRY	NURSE SIGNATURE/TITLE

See Vital Signs Flow Sheet

IV FLUIDS

TIME	NO	TYPE	AMT	RATE	CATH	ROUTE/LOC	NO. OF STICKS	NURSE INIT

CERTIFIED EMERGENCY: ☐ YES ☐ NO
DIAGNOSIS ☑ SEE T-SHEET OTHER: ___
DISPOSITION: ☐ Discharged ☐ 23 Hr Obs. ☑ Admit to Rm./Unit: 1416 BMC ☑ Report to/Time: Christy
☐ Transfer to Hosp./Fac.: ___ ☐ AMA
☐ OBSERVATION: @ Time: ___ ☐ Chest Pain Bed ☐ Stroke Bed ☐ Critical Care Bed ☐ ICU-Bed ☐ Other: ___

METHOD OF LEAVING ED: ☐ Ambulatory ☐ Stretcher ☑ Wheelchair ☐ Crutches ☐ Carried ☐ Amb./Helicopter 199664

DISCHARGE INSTRUCTIONS: ___

☐ Return to Emergency Department as Needed ☐ F/U with MD in ___ or if needed.
PATIENT D/C INSTRUCTIONS GIVEN: ☐ Head Injury Sheet ☐ Wound Sheet ☐ Fever Sheet
☐ Crutch Precautions ☐ Sprain/Bruise Sheet ☐ Eye Patch Sheet ☐ Clear Liquid Sheet ☐ TAB Sheet
☐ Instructed Not to Drive Due to Sedation ☐ Instructed to Wait 15 Minutes After Injection / PO MED
☐ RX ☐ Written Patient Instructions ☐ See Nurse's Notes DISCHARGE TIME: 1715

CONDITION AT DISCHARGE: ☑ GOOD ☐ POOR ☐ FAIR ☐ DECEASED
Physician's Signature: [signature]
Discharge Nurse's Signature: [signature]

REV 4/00 WBMC-6300-03-PG/C-122041

EMERGENCY DEPT. TRIAGE FORM

TRIAGE NAME: Tommy Barron | AGE: 45 | DATE: 11/07/02

BARRON TOMMY
SOUTHERN MEDICAL GRO 11/07/02
MR: **0246796** M W 045 [redacted]
PT: **9538163-8** KNC ED 12 L

ROOM #: OBS | TIME IN ROOM: 1345 | EMERG: X | URGENT | SEMI-URGENT | NON-URGENT | RECHECK: ☐ Scheduled ☐ Non-Scheduled

ACCOMPANIED ON ARRIVAL BY: ☐ SELF ☒ RELATIVE ☐ OTHER | ☐ TRANSFER FROM ______ HOSP. | NOTIFIED: Police ☐ Family ☐ Coroner ☐ Time: ______

MODE OF ARRIVAL: ☒ PRIVATE VEHICLE ☐ AMBULANCE ☐ POLICE ☐ OTHER | ☒ AMBULATORY ☐ WHEELCHAIR ☐ CARRIED ☐ CRUTCHES ☐ STRETCHER

FAMILY M.D.: Kizziah / Camp | SIGN IN TIME: 1340 | Have you seen an M.D. in the last 24 hours? Y ☐ N ☒ | Call Light: ☒ | Side Rail Up: ☒ | Valuables: ☐ Y ☒ N ☐ See Valuables Checklist

AREA ☐ MAIN ED: ☐ TRAUMA ☐ Major ☐ Minor | ☒ MEDICAL ☐ Cardiac ☐ Non-Cardiac | ☐ FAST TRACK: ☐ GYN ☐ EENT ☐ ORTHO ☐ Other ______

CHIEF COMPLAINT: Sent from Dr. Camp for evaluation / admit to BMU for alcohol detox. Stomach Cramps. (Last Beer was yesterday.) (4 day Beer binge this wk.)

TREATMENT PRIOR TO ARRIVAL: ☒ None
Medication: ______ Time ______
Other: ______

Prehospital Care: 221-4350 4443
☐ None ☐ Ice ☐ Elevate
☐ Spinal Immob. ☐ Splint ______
☐ C-Collar ☐ IV ______
☐ Dressing ______ ☐ O_2 ______

PAST MEDICAL HISTORY ☐ Non-significant PMH ☐ AMI Date ______ ☐ CHF
☒ HTN ☐ CABG ☐ CAD ☐ ASCVD ☐ Diabetes ☐ PUD
☐ CRF ☐ COPD ☐ Asthma ☐ Sz Disorder Use ☐ Arthritis ☐ Ca
☐ CVA ☐ Sickle Cell ☐ HIV ☐ Hepatitis ☐ Liver Disease
☐ Migraine ☐ Other: ______
Weight 197 ☒ Tobacco use 1ppd ☒ Alcohol use Daily

ALLERGIC TO: DRUG ☒ YES ☐ NO LIST: PCN
FOOD ☐ YES ☒ NO LIST: ______

VITAL SIGNS

Time	Pulse	Resp.	B/P	Temp	Pulse Ox
1345	83	18	141/93	97	100

PRESENT MEDICATIONS: NONE ☐ SEE HOME MED SHEET ☐ SEE NURSING HOME LIST ☐ — See Back
Tetanus: ☒ U.T.D. ☐ unknown ☒ > 5 years

ASSESSMENT

RESPIRATORY
☒ Not applicable
☐ Normal bilateral
☐ labored
☐ rales/rhonchi
☐ wheezing R L
☐ retractions
☐ nasal flaring
☐ decreased R L
☐ Cough
☐ non-productive
☐ productive
☐ sputum color: ______
☐ airway clear
☐ part. obstructed
☐ obstructed

CARDIO-VASCULAR
☒ Not applicable
☐ Pulse regular
☐ irregular
☐ Skin W & D
☐ cool & clammy
☐ Skin pink/normal
☐ pale
☐ cyanotic
☐ flushed
☐ jaundiced
☐ rash
☐ Cap refill <2 sec
☐ >2 sec
☐ Pulses intact
☐ Edema
☐ JVD

GASTROINTESTINAL
☒ Not applicable
☐ Bowel sounds present
Abdominal
☒ Soft ☐ Firm
☒ Nondistended ☐ Distended
Abdominal Tenderness
☒ Yes ☐ No
☐ Rebound Last BM ______
Diarrhea ☐ Yes ☒ No
Vomiting ☐ Yes ☒ No

GENITOURINARY
☒ Not applicable ☐ Dysuria
☐ Frequency ☐ Discharge
☐ Swelling
☐ Hx of Bleeding ______
☐ LMP ______

HYDRATION STATUS
☒ Not applicable
Mucous Membranes:
☐ Moist ☐ Dry
Eyes:
☐ Normal ☐ Sunken
Skin Turgor:
☐ Poor ☐ Normal

FONTANELLES ☐ N/A > 19 mon
☐ flat ☐ bulging
☐ depressed

GROWTH & DEVELOPMENT
Personal-Social ☐ WNL no
Fine Motor ☒ WNL no
Language ☐ WNL no
Gross Motor ☐ WNL no

PEDIATRIC IMMUNIZATION:
☒ UTD
☐ NUTD*
Head Circum ______
☐ N/A > 36 mon
Birth Weight ______

SKIN/EXTREMITY
☒ Not Applicable
☐ Wound/Injury (Describe) ______

Fall Precaution: ☐ Yes ☒ No
Green Armband On: ☐ Yes ☒ No
At Risk for Skin Breakdown: ☐ Yes ☒ No
Advance Directive ☐ Yes ☒ No
DNR ☐ Yes ☒ No

PAIN ASSESSMENT

☐ NONE ☒ CURRENTLY HAVE PAIN ☐ PAIN IN LAST 6-8 WEEKS
LOCATION: abdomen
ONSET: Chronic QUALITY: Severe ☒ CONSTANT ☐ INTERMITTENT
WHAT HAS RELIEVED YOUR PAIN? PAST: ø CURRENT: ø
CURRENT PAIN LEVEL: NEONATE (0-10) ______ INFANT/CHILD (0-5) ______ ADULT (0-10) 10

Pain Intensity (VAS or FACES)
0 NO HURT | 1 HURTS LITTLE BIT | 2 HURTS LITTLE MORE | 3 HURTS EVEN MORE | 4 HURTS WHOLE LOT | 5 HURTS WORST

VAS
Rate Pain and effectiveness on scale (0 = no pain, 10 = worst pain)
0 1 2 3 4 5 6 7 8 9 10 (10 circled)

NUTRITION SCREEN

☒ No Apparent Problem ☐ Teeth Intact ☐ Missing Teeth ☐ Toothless
☐ Poor Appetite ☐ Emaciated Appearance ☐ Obese Appearance ☐ Unintentional Weight Loss (>10 lbs. in last 3 months)
☐ Pregnancy ☐ Lactating ☐ Anemia ☐ Eating Disorder

FUNCTIONAL SCREEN

☐ Difficulty performing ADLS without assistance or special aids — Denies Deficit
☐ Problems with balance or mobility ______
☐ Difficult speech, chewing or swallowing problems ☐ Visual Impairment

NEUROLOGICAL
☐ Not applicable
☐ cooperative
☐ uncooperative
☐ agitated/combative
☐ oriented
☐ disoriented
☐ inappropriate
☐ sleeping
☐ Reported LOC ☐ Y ☐ N
Min ______
☐ alert/playful
☐ crying
☐ irritable

Neck
☒ Not Applicable
☒ Supple
☐ Other ______

Pupils
☐ Not Applicable
Acuity
______ R ______ L
______ mm Size ______ mm
______ Brisk ______
______ Sluggish ______
______ Fixed ______

NEUROLOGICAL GLASGOW COMA SCALE
Eyes 4
Verbal 5
Motor 6
TOTAL 15

PUPILS (mm) KEY
1 2 3 4 5 6 7 8

ASSESSMENT KEY

INFANT / TODDLER (GCS) GLASGOW COMA SCALE		CHILDREN /ADULT GLASGOW COMA SCALE	
EYE OPENING		**EYE OPENING**	
SPONTANEOUS	4	SPONTANEOUS	4
TO SPEECH	3	TO VOICE	3
TO PAIN	2	TO PAIN	2
NONE	1	NONE	1
VERBAL RESPONSE		**VERBAL RESPONSE**	
SMILES, INTERACTS	5	ORIENTED	5
CONSOLABLE	4	CONFUSED	4
CRIES TO PAIN	3	INAPPROPRIATE WORDS	3
MOANS TO PAIN	2	INCOMPREHENSIBLE WORDS	2
NONE	1	NONE	1
MOTOR RESPONSE		**MOTOR RESPONSE**	
NORMAL, SPONT MOVEMENT	6	OBEYS COMMAND	6
LOCALIZES PAIN	5	LOCALIZES PAIN	5
WITHDRAWS TO PAIN	4	WITHDRAWS TO PAIN	4
ABNORMAL FLEXION	3	FLEXION (PAIN)	3
ABNORMAL EXTENSION	2	EXTENSION (PAIN)	2
NONE	1	NONE	1

☐ SEE TRAUMA FLOW SHEET ☐ SEE CODE SHEET

Triage: Sandy [signature] R.N.

WBMC-6300-02-WALLACE

PSYCHOSOCIAL STATUS / EDUCATION

Are there any religious, traditional, ethical or cultural practices that need to be a part of your care?

☐ Yes ☒ No

Specify _____

Are you being hit, hurt or frightened by anyone in your home life?

☐ Yes ☒ No

How do you learn best? ☐ Verbal ☐ Reading ☐ Demonstration

What interferes with your learning? ☐ Physical ☐ Age Related ☐ Communication ☐ Language

☐ Spiritual ☐ Cultural ☐ Hearing ☐ Visual ☑ None ☐ Religious

INTERVENTIONS

☐ Tylenol _____ mg. Time _____

☐ Ibuprofen _____ mg. Time _____

☐ Wound Cleansed _____

_____

☐ NPO - Explained at Triage

☐ C-Collar

☐ Dressing _____

_____

_____

☐ Ice & Elevation

☐ Immobilization

☐ Isolation Mask

CONSENT AND AUTHORIZATION

I am presenting myself for diagnosis and treatment at the Walker Baptist Medical Center and I consent to the rendering of such care, including diagnostic procedures, surgical and medical equipment, and blood transfusions, by authorized members of the hospital medical staff or their designees, as may in their professional judgement be necessary. I acknowledge that no guarantees have been made to me as to the results of such examinations or treatment on my condition.

Undersigned hereby authorizes the Walker Baptist Medical Center and my Physician(s) to release to my insurors full information (including copies of records) relative to this hospitalization.

X Tommy Barron

PATIENT/PARENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP TO PATIENT

Toprol 25mg.
qunine ~~quinidine~~
altace
Klonopin 1mg
Trazodone 150mg

UBS

12/16

BARRON **TOMMY**
SOUTHERN MEDICAL GRO 11/07/02 [redacted]
MR: **0246796** M W 045
PT: **9538163-8** KNC FC: L ED 12

(Addressograph)

WALKER BAPTIST MEDICAL CENTER

CONDITIONS OF ADMISSION CONSENT FOR TREATMENT AND FINANCIAL RESPONSIBILITY

CONSENT FOR HOSPITAL SERVICES: Consent is given to Walker Baptist Medical Center, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia P.C., and Baptist Health Clinics, its contractors and its employees to provide hospital services and administer physician orders. Certain procedures may require separate consents. Physicians are responsible for explaining medical or surgical procedures. The undersigned authorizes observers to be present during treatments/surgery for purposes of medical training and education.

PERSONAL VALUABLES: The Walker Baptist Medical Center is not responsible for money, jewelry, dentures, hearing aids, eye glasses, watches, credit cards, and such other items which are not deposited in the Hospital safe.

AUTHORIZATION TO RELEASE INFORMATION: The undersigned authorizes the Walker Baptist Medical Center and any physician rendering service, for example, Radiology Associates of North Alabama, P.C., Southern Medical Group, Inc., Foothills Anesthesia, P.C., and Baptist Health Clinics, Inc., to release medical or other information about the patient which may be necessary for the completion of insurance claims, review of services, or receipt of benefits. Such information may include current medical records. The information may be released to third-party payors, including the third-party payor's agent and/or representative or anyone responsible for payment of hospital and/or physician charges.

ASSIGNMENT OF BENEFITS: The undersigned assigns to and authorizes direct payment of benefits (including insurance benefits, otherwise payable with respect to the patient) to the Walker Baptist Medical Center, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia P.C., and Baptist Health Clinics, Inc. The undersigned agrees to assist in processing claims for benefits.

MEDICARE AUTHORIZATION: I certify the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administrator or its Intermediaries or carriers any information needed for this or a related Medicare claim. I request payment of the authorized benefits be made on my behalf to the Walker Baptist Medical Center, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia P.C. and Baptist Health Clinics, Inc. or any physician rendering service during my treatment.

PHYSICIANS: Physicians including, without limitation, Southern Medical Group, Inc., Radiology Associates of North Alabama, P.C., Foothills Anesthesia, P.C., and Baptist Health Clinics, and Inpatient Medical Services.

FINANCIAL RESPONSIBILITY: The undersigned agrees to pay for hospital services, accommodations and physician services rendered to patient and is hereby obligated to pay the account of the hospital. It is understood that in the event of obstetrics care the undersigned is obligated to pay the hospital account for mother and infants(s). It is understood and agreed that Walker Baptist Medical Centers charges not paid may be placed with an attorney or collection agency. It is understood and agreed that reasonable cost of collection including attorney fees, collection agency fees, and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned agrees to pay all hospital charges not paid in full to the hospital by a third-party payor. The Walker Baptist Medical Center accepts cash, MasterCard, Visa, Discover Card and Hospital Financial Assistance loan program as forms of payment.

The undersigned is aware that in some cases the patient's hospital bill may not be covered in full by the insurance company. The undersigned is aware of the fact the (patient/responsible party/guarantor) are responsible for any balance insurance does not pay. This balance due may include provisions set by your insurance company such as: co-payments, deductibles, and "usual and customary" allowances. Co-payments, and deductibles are due upon admission and must be paid prior to discharge.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM AND UNDERSTAND ITS PURPOSE AND CONTENT.

X Tommy Barron
Guarantor (Agreement to Pay)

Deb Jent
Witness (to Guarantor Signature)

11-07-02
Date

X Tommy Barron
Patient (or authorized Representative/Relationship to Patient)

Deb Jent
Witness (if anyone other than patient signs)

11-07-02
Date

CONDITIONS OF ADMISSION AND CONSENT FOR TREATMENT